

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	t(s) James P. Monahan; Susan H. Pasch	<u>rell</u>
II. Name of lobbyis	t's partnership, firm or corporation, if any	:
The Dupont Group		
(Name of partnership, firm	n or corporation)	
	e 401 Concord, NH 03301	·
Business Address: (Street) (Town/City) (State) (Zip Code)	
(603)228-3322	(603) 228-0713	e-mail_jmonahan@dupontgroup.com
(Telephone)	(Fax)	
expense transaction	covers: (Choose one – file separate reports is which are not attributable to any one cli	for each client, OR you may file a separate report for reportable ent).
All reportable	transactions occurring in the month prior to t	he reporting date relative to the following client:
Community Behavi	oral Health Association	
OR	(Full Name of Client as it appear	rs on the Lobbyist Registration Form)
<u> </u>		
All reportable tra to any particular clie		yist's family), or the lobbying firm listed below which are unrelated .
IV. Date of Report	April 25, 2018 🔲	July 25, 2018 🔲 .
Reports cover	activity from date of registration to 3/31/1	8 activity from 4/1/18 to 6/30/18
	October 31, 2018	January 30, 2019 X
	activity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18
	no fees received and no reportable transa l, complete just this form and submit it to the	ctions made since the last report. Secretary of State's Office, State House, Room 204, Concord, NH
VI. Check if addition ✓ If you have recei	onal reports are attached: ved fees or made expenditures, you must file	Addendum A- Fees and Expenses
☐ If you have paid Reimbursement	an honorarium or reimbursed expenses, you	must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm	, or your family has made political contributi	ons, you must file Addendum C- Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledge		r affirm that the foregoing information is true and complete to the
surant	. Paschell	
		1/30/2019
(Signature of lobbyist)		, (Date)
Susan H. Paschell		



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6



	·
I. Name of Lobbyist(s)	
James P. Monahan ; Susan H. Paschell	•
II. Name of lobbyist's partnership, firm or corporation, if any:	•
The Dupont Group	
(Name of partnership, firm or corporation)	,
III. Name of Client Community Behavioral Health Association	Date <u>1/30/2019</u>
IV. Fees Received	
Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or polegislation, and related legal work. The gross fee amount reported shall not be	public relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$16000
b) Total of all fees received this calendar year, prior to this reporting period	b)\$32000
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date	
(Add lines a and b)	c) \$48000
d) Indicate the amount of any such fees that are due, but have not	•
yet been paid	d) \$0
V. Expenses:	
Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expert unrelated to any one client a separate report may be filed for the lobbyist(s)/firmodetegories of expenses: (a) the aggregate total of all expenses paid during the resolution of the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person being itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported addendum A	militures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ing lobbied with a value of \$25.00 or less); and (c) an period of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the taurant expenses for a legislative reception). Expenses

a) \$ _

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not repo	orted	
in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	; c) \$	· · · · · · · · · · · · · · · · · · ·
d) Total expenses for this reporting period (Add lines a, b and c) in S 1	d) \$.
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line for addendum A for last month's rep	d e) \$	
f) Total of all expenses year to date	f) \$	
VI. Other Expenses:		•
Provide the following detail for all expenditures of more than \$25 made whom paid or to whom charged.	from lobbying fees during t	this reporting period, including b
Paid to: Amount:	•	•
	\$	
	\$	
·		·
	_	•
•		•
		, ÷
<u>*************************************</u>	<u></u>	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm best of my knowledge and belief.	n that the foregoing informa	ation is true and complete to the
best of my knowledge and benef.		-
perant. Parchell		
	1/30/2019	
(Signature of lobbyist)	(Date)	٠.
Susan H. Paschell		
(Print Name of lobbyist)		•
•		· ·

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NEW HAMPSHIRE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation Statement of Income and Exp			
Name of Lobbying partnership	, firm, or corporation:	The Dupont Gr	oup
Name of Client (leave blank if	Statement is for the pa	artnership, firm, or corpora	ation and not related to any particular
client): Community Behavio	ral Health Associatio	n	
Date of Report (check one):			
April 25, 2018	y 25, 2018 🛚	October 31, 2018 🔲	January 30, 2019 X
I have read RSA 15, RSA 15-B following Addendums submitted			ses described above, and the . lendum forms being submitted):
_Addendum A(s).			
0 Addendum B(s).			
0Addendum C(s).			
the best of my knowledge and b		on on the Statement and ea	nch Addendum is true and complete to
of The	-		
(Signature of lobbyist)		<u>1/30/20</u> (Date)	019
James P. Monahan (Print Name of Johnvist)			